

Political Organization
Notice of Section 527 Status

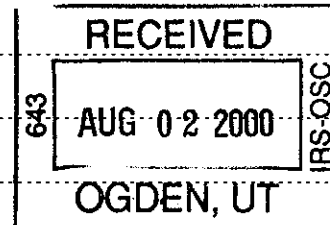
OMB No. 1545-1693

Part I General Information

1 Name of organization Los Angeles County Physicians Committee		Employer identification number 95 3464866
2 Mailing address (P.O. Box or number, street, and room or suite number) 523 West Sixth Street, Ste. 1000		
City or town, state, and ZIP code Los Angeles, CA 90014		
3 E-mail address of organization		
4a Name of custodian of records Wade A. Piston	4b Custodian's address 523 West Sixth Street, Ste. 1000 Los Angeles, CA 90020	
5a Name of contact person Wade A. Piston	5b Contact person's address 523 West Sixth Street, Ste. 1000 Los Angeles, CA 90020	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

Part II Purpose**7** Describe the purpose of the organization

Support or oppose candidates for state and local office.

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
Los Angeles County Medical Assoc.	Connected	523 West Sixth Street, Ste. 1000 Los Angeles, CA 90020

9a Name

9b	Title

9c Address

Chair

Los Angeles, CA 90020

Secretary

Los Angeles, CA 90020

Treasurer

Los Angeles, CA 90020

Signature of authorized official

Date _____

**Sign
Here**



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